

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
TRAINING DIVISION**

**Request for Certificate / Award Letter for Continuing Education**

<b>Instruction:</b> <ul style="list-style-type: none"><li>Each request for a duplicate copy of certificate/award letter for continuing education must be completed on a separate request form.</li><li>In the space below please provide all required information.</li><li>If the form is not filled out completely and accurately, the Training Division will not be able to process your request.</li><li>Please sign and date your request</li></ul>	
<b>County Employee Number</b> (Non-County employees supply last four digits of SSN)	
<b>Name:</b>	

I am requesting that a duplicate copy of a certificate/award letter be issued for the following training event:

<b>Training Title:</b>			
<b>Training ID:</b>		<b>Date of Training:</b>	

I am requesting that the duplicate certificate/award letter be mailed to the following address:

<b>Street Address:</b>					
<b>City:</b>		<b>State</b>	<b>CA</b>	<b>Zip Code</b>	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail request to:

**County of Los Angeles  
Dept. of Mental Health  
Training Division  
695 S. Vermont Ave., 15<sup>th</sup> floor  
Los Angeles, CA 90005**

**FAX No. (213) 252-8776 or 8775**

**Please allow 60 days for processing. All requests must be in writing.  
Request by telephone for duplicate copies of certificate/award letters cannot be honored.**